

Supplementary appendix

This appendix formed part of the original submission and has been peer reviewed. We post it as supplied by the authors.

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Appendix 1

SHARE Volunteers and Special Programs

COMMUNITY VOLUNTEERS AND COUNSELING AIDES

Under SHARE's local activism strategy, 40 community volunteers (CVs), ten per cluster, were appointed and trained to work with core SHARE staff to lead community activities and serve as resident ambassadors of the project. The CVs played an integral role to the intervention as they served as local, familiar, role models to fellow community members, promoted a sense of project ownership, and ensured that intervention activities continued even when SHARE staff members were not present. Twelve community counseling aides (CCAs), three per cluster, were trained to offer basic support to community members experiencing violence and facilitate an active referral network between CVs, SHARE staff, RHSP counselors and local providers. All SHARE staff, community volunteers and key partners underwent a community activism course (CAC) that addressed understanding IPV, human rights awareness; and advocating for women's rights.¹

MEN AND BOYS PROGRAM

Both adult and youth male volunteers (n=48) from each intervention cluster underwent the CAC and learned to conduct community-level activities (e.g., group meetings, and one-on-one discussions) to address how traditional concepts of masculinity impacted risk for HIV and IPV, and the role of alcohol in increasing risk for both HIV infection and perpetration of abuse. Activities were developed to encourage men and boys to consider the benefits of reducing alcohol intake and talking more openly and honestly with their female partners about sex, relationships and peaceful conflict resolution.¹

YOUTH PROGRAM

A youth program was implemented following the Stepping Stones training package² for adolescents which used participatory learning to improve communication skills and build more gender-equitable intimate relationships. Approximately ten sessions were conducted for youth in schools and out of school (at central locations) in the four intervention clusters. Topics included listening and communication; sex and love; HIV and other STIs, safer sex, and condoms; the importance of staying in school; gender equality; nonviolent conflict resolution; and the importance of mutually consensual sex.^{1, 2}

INTEGRATED VIOLENCE AND HIV PROGRAMMING

Violence prevention activities were integrated into RHSP's existing HIV counseling and testing (HCT) and antiretroviral therapy (ART) programs. RHSP's HIV counseling protocols were modified so all HCT (n=18) and ART (n=5) counselors underwent the CAC and were trained to screen all female clients for IPV and handle or refer any cases. In the intervention clusters only, support groups were formed for, attended by and facilitated by women living with HIV. Additionally, both male and female HCT counselors (n=6) in intervention clusters were trained to offer a two-part screening and brief intervention (SBI) for abused and/or HIV-infected female clients undergoing post-test HIV counseling. All female clients were screened for recent and past IPV. Those who disclosed histories of IPV and/or a partner or husband who refused HCT were offered a brief (5-10 minute) risk reduction intervention whereby counselors talked with these clients and offered role play scenarios to help them develop skills to safely discuss condom use and consensual sex. A safe HIV disclosure SBI targeted women who tested HIV positive for the first time. Counselors asked these clients five screening questions to assess risk of disclosure-related IPV and, based on their responses, helped them develop a tailored plan for immediate, delayed, mediated, or non-disclosure.³

Appendix 2

Web Table 1. Survey questions used to measure IPV and HIV risk behavior outcomes	
Outcome	Survey question(s) used to measure outcome
Emotional IPV*	In the past 12 months, has your current partner verbally abused or shouted at you? NO/YES
Physical IPV*	<i>In the past 12 months, has your current partner done any of the following to you:</i> <ul style="list-style-type: none"> • Pushed, pulled, slapped, or held you down? • Punched you with fist or with something that could hurt you? • Kicked you or dragged you? • Tried to strangle you or burn you? • Threatened you with a knife, gun or other type of weapon? • Attacked you with knife, gun, or other weapon?
Sexual IPV*	<i>In the past 12 months, has your current partner done any of the following to you:</i> <ul style="list-style-type: none"> • Used verbal threats to force you to have sex when you did not want to? • Physically forced you to have sex when you did not want to? • Forced you to perform other sexual acts when you did not want to?
Intimate partner forced sex*	In the past 12 months have any of your sexual partners physically forced you to have sex when you did not want to? NO/YES
Multiple (more than 1) sexual partners	How many different sexual partners have you had in the last 12 months, including married or consensual partners, and anyone already mentioned? <ul style="list-style-type: none"> • One • Two or more
Non-marital sexual partners	Do you currently have a relationship with someone to whom you are not officially married or in a consensual union? NO/YES
Alcohol use with sex	Did you drink alcohol before your last sex with this partner? NO/YES
Condom use	During the past 12 months have you/partner used condoms? NO/YES
Partner's disclosure of HIV status	In the last 12 months has this partner informed you of his/her HIV sero-status? <ul style="list-style-type: none"> • No or never got tested/results • Yes or received couple counseling
Self-disclosure of HIV status	In the last 12 months have you informed this partner of your HIV serostatus? <ul style="list-style-type: none"> • No or never got tested/results • Yes or received couple counseling
* We used an adaptation of the conflict tactics scales to measure each type of IPV	

Appendix 3

Web Table 2. Semi-annual incidence of HIV infection in women, men and the total population across five consecutive rounds (including one round following the SHARE intervention trial) of the Rakai Community Cohort Study conducted between 2004 and 2011 in Rakai, Uganda

Phase and Years	Population	Control		Intervention		IRR (95% CI)
		No. ^a /py	Rate/100 py	No. ^a /py	Rate/100 py	
PRE-BASELINE (2004-2005)	Women	2114/2884·86	1·35	1781/2444·01	0·78	1·06 (0·30-1·00)
	Men	1487/2117·23	1·27	1157/1638·71	1·04	0·81 (0·42-1·60)
	Total	3601/5002·09	1·32	2938/ 4082·72	0·88	0·67 (0·43- 1·02)
BASELINE (2005-2006) <i>No intervention</i>	Women	2288/3654·3	0·93	1898/2946·2	1·26	1·35 (0·82-2·2)
	Men	1643/2721·2	1·21	1320/2206·9	0·77	0·64 (0·33-1·2)
	Total	3931/6375·58	1·05	3218/ 5153·11	1·05	1·00 (0·68- 1·45)
FOLLOW-UP 1 (2006-2008) <i>Intervention rollout/scale up</i>	Women	2393/4225·32	1·35	2430/4247·35	1·01	0·75 (0·49-1·13)
	Men	1769/3166·02	1·14	1793/3201·86	0·41	0·36 (0·17-0·69)
	Total	4162/7391·34	1·26	4223/7449·20	0·75	0·60 (0·42-0·84)
FOLLOW-UP 2 (2008-2009) <i>Full intervention implementation</i>	Women	2710/4928·06	1·26	2641/4727·22	0·80	0·64 (0·42-0·97)
	Men	2118/3975·07	1·01	2073/3866·14	0·77	0·77 (0·46-1·27)
	Total	4828/8893·73	1·25	4714/8589·10	0·83	0·66 (0·49-0·90)
POST-INTERVENTION (2010-2011) <i>No intervention</i>	Women	2766/4681·45	0·93	2533/4113·30	1·22	1·19 (0·77-1·84)
	Men	2248/3922·26	0·74	2120/3566·19	0·73	0·99 (0·56-1·73)
	Total	5014/8603·71	0·85	4653/7679·49	0·93	1·11 (0·79-1·55)

^aNo.=number of participants who contributed to the person-year calculation.

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